

NATIONAL ASSOCIATION OF PROFESSIONAL ORGANIZERS – PITTSBURGH CHAPTER MEMBERSHIP APPLICATION

Name: _____

I am a(n) (check one): Owner Partner Employee of the business listed below.

Business entity: (Sole proprietorship, Partnership, LLC, Corporation, etc.) please list: _____

Business/Company name: _____

Address: _____
(Street or PO box) (City) (State) (Zip code)

Business phone: _____ Home phone: _____
(optional)

Cell phone: _____ Fax: _____
(optional)

Email address: _____ Web site: _____

Description of your business/specialties: _____

Type of membership applying for (check one): Regular Associate

I am currently a NAPO member (check one): No Yes If yes, member since: _____

Dues amount (check one): \$100.00 (Regular) \$.00 (Associate)
(Please make check payable to NAPO-Pittsburgh Chapter)

I, _____, hereby:
(print name)

acknowledge that I must be a member of NAPO in order to be a NAPO-Pittsburgh Chapter member

authorize and permit the person or persons in charge of NAPO-Pittsburgh Chapter records to release to the chapter web site, for the purposes of general NAPO-Pittsburgh Chapter publicity, any and all information provided by me to the chapter on this and other similar membership data forms EXCEPT the following information: _____

agree to abide by the NAPO bylaws and to model my behavior to the NAPO Code of Ethics set forth by NAPO

Signature: _____ Date: _____

Officer use only:

Received:

NAPO membership verified: